

Paulding County Board of Commissioners

Employee Benefits At A Glance 2023

Every 12 months

Every 12 months
Every 24 months

Benefit Frequency

ExamLenses

Frames

EXPLORE · UNWIND · THRIVE					
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Medical – Aetna Aetna HRA Option 2 Aetna HRA Option 1 Aetna POS					
	Aetna HRA Option 2		<u> </u>	Aetha P	US .
Health Reimbursement Account	based on the following plan entry 1/1 to 3/31 4/1 to 6/30 7/1 to 9/30 10/1 to 12/31	\$1,000 for individual or \$2,000 for family. \$750 for individual or \$1,500 for family. \$500 for individual or \$1,000 for family.		N/A	
Calendar Year Deductible Single Family	\$4,000 \$8,000	\$3,000 \$6,000		\$2,000 \$4,000	
Out-of-Pocket Maximum	\$8,000 \$16,000	\$7,000 \$14,000		\$4,000 \$8,000	
Coinsurance	80%	80%		80%	
Preventive Care	100% (no copay)	100% (no copay)		100% (no copay)	
Office Visit Copay • Primary • Specialist	Deductible + Coinsurance Deductible + Coinsurance	Deductible + Coinsurance Deductible + Coinsurance		\$30 \$60	
Hospital/Inpatient Services	Deductible + Coinsurance	Deductible + Coinsurance		Deductible + Coinsurance	
Emergency Room	Deductible + Coinsurance	Deductible + Coinsurance		\$300	
Urgent Care	Deductible + Coinsurance	Deductible + Coinsurance		\$75	
Pharmacy (retail 31 days) Tier 1 Tier 2 Tier 3 Tier 4	\$15 copay \$40 copay \$60 copay 20% up to \$150		\$15 copay \$40 copay \$60 copay 20% up to \$150	\$15 copay \$40 copay \$60 copay 20% up to \$150	
Mail Order (90 days) Tier 1 Tier 2 Tier 3 Tier 4	\$38 copay \$100 copay \$150 copay 20% up to \$150	\$38 copay \$100 copay \$150 copay 20% up to \$150		\$38 copay \$100 copay \$150 copay 20% up to \$50	
Dental – Aetna			V	/ision – Aetna	
Calendar Year Deductible • Single	\$50			In-Network	Non-Network Up to \$30
Family Max	\$150		Vision Exam	\$10 copay	allowance
Annual Benefit Maximum Maximum Rollover	\$1,000 Calendar All members will receive a ro	llover amount of year. Members	Contacts Fitting Standard Premium	Member cost up to \$40 with 10% off retail price for premium.	Not Covered
	can rollover \$250 each year f \$750.		Contact Lenses	Up to \$140 allowance; 15% off balance Covered in full	Up to \$112 allowance Up to \$200 allowance
Diagnostic/Preventive Services	100% Coverage (no deductible)		Standard Plastic Lenses • Single Vision	Covered in full	Up to \$25
Basic Treatment	80% Coverage (subject t	to deductible)	Bifocal Trifocal	after a \$25 copay	Up to \$40 Up to \$55
Major Treatment (now includes coverage on implants)	60% Coverage (subject to deductible)		Frames	Up to \$140 allowance; 20% off additional cost	Up to \$70 allowance

To locate a medical, dental, or vision provider visit www.aetna.com and click on Fina A Doctor and then choose Plan From An Employer under Guests. From here, follow the directions provided in the Enrollment Guide.

Orthodontia Services (Child Only)

60% Coverage

Annual Benefit Maximum: \$1,000

Basic Life/AD&D - Anthem Life

Paulding County Board of Commissioners provides all eligible employees with Basic Life & AD&D Insurance. The amount of your benefit to be paid to your designated beneficiary is based upon the following classification of your employment:

- Group I -- Elected Officials -- \$50,000
- Group II -- All other full-time employees -- 1 times salary to a maximum of \$100,000

The Amount of Basic Life Insurance will be reduced by 50% at age 70 and coverage terminates at retirement.

For your enrolled dependents:

- Your spouse will have life insurance of \$5,000.
- Each child older than 14 days will have life insurance of \$2,500.

Supplemental Life/AD&D - Anthem Life

Eligible employees have the option to purchase additional term life insurance. Employees can elect up to \$500,000, not to exceed 7 x their annual salary, in \$25,000 increments. New Hires will have a guarantee issue amount of \$250,000. All amounts over the guarantee issue amount will require an evidence of insurability form. If you elect coverage for yourself, you may also elect coverage for your eligible dependents as outlined below:

- Spouse You may elect up to \$250,000, not to exceed 100% of the amount you elect on yourself. \$62,500 is Guarantee Issue if elected when first eligible.
- Child(ren) Coverage is available for your child(ren) age 15 days up to 26 years: \$10,000 for each child.

If you elect at least \$25,000 when first eligible, you are eligible to increase your employee and/or spouse coverage by one increment, not to exceed the guarantee issue amount.

Short-Term Disability - Anthem Life

Eligible employees receive Short Term Disability at no cost. If deemed disabled, you will receive 60% of your weekly pre-disability salary, to a maximum of \$830. Benefits begin on the 15th day of disability for non-occupational injury and the 15th day for nonoccupational sickness or pregnancy. Benefits are payable up to 24 weeks.

Long-Term Disability - Anthem Life

Eligible employees receive Long Term Disability at no cost. You will receive 60% of your pre-disability monthly salary, to a maximum of \$6,000 less deductible sources of income and disability earnings. Benefits will begin on the 181st day of disability and could continue until up to your Social Security Retirement Age if you are disabled before age 60. If disabled after age 60, benefits are payable according to an age-based schedule.

Flexible Spending Accounts - Medcom

Employees have the ability to set aside pre-tax dollars into a Healthcare Flexible Spending account to be used for eligible healthcare, dental, or vision expenses. The maximum contribution amount for 2023 is \$3,050. Up to \$610 of unused funds can be rolled over each year. Employees also have the ability to set aside pre-tax dollars into a Dependent Care Flexible Spending account to be used for eligible dependent care expenses. The amount you may set aside depends on when you are eligible for benefits. If you are eligible for benefits on May 1, the maximum you may set aside is \$5,000 if single or married filing jointly, or \$2,500 if married filing separately, and the maximum is then prorated each month following. Employees will receive a debit card from Medcom as a way of accessing funds for either account.

Employee Assistance Program (EAP) – ComPysch

As a valued employee, you and your family have access to the EAP, at no cost to you. The EAP provides you with four free face-toface visits with a counselor, unlimited free telephonic counselors available 24 hours a day, 7 days a week, 24-Hour Crisis Line, unlimited telephonic access to financial experts, a website featuring information on health and wellness, family, relationships, career, education, personal finances, laws and regulations, and more.

Health Advocate

Available to those who enroll in the Medical/Rx plan package and includes Medical Bill Saver and MedChoice Support. Medical Bill Saver can help negotiate medical and dental bills to result in significant savings and will also provide you with easy-to-read, personal Savings Result Statement, summaries outcome and payment terms. You, your spouse, dependent children, parents, and parents-inlaw can all use the service. MedChoice Support is an online, self-directed, resource that provides you access to independently developed and widely accepted medical information to help you share in the decision-making process with your healthcare provider.

Accident: Employees can purchase an Accident policy that provides employees with financial compensation for covered services based on a schedule of benefits.

Critical Illness: Employees can purchase a Critical Illness policy that pays out a lump sum amount upon diagnosis of a covered critical illness. Employees can election amounts up to \$30,000 for employees and \$15,000 for spouses (not to exceed 50% of Employee amount). Children are automatically covered at 50% of the employee benefit amount.

Hospital Indemnity: Employees can purchase a Hospital Indemnity policy that provides employees with financial compensation for hospital confinement based on the schedule of benefits.

in Aetna dental plan)

1-800-523-7542, Option 1 www.mywealthcareonline.com/medcom **Health Advocate** 1-866-695-8622 www.healthadvocate.com/paulding 1-800-433-3036 www.aflacgroupinsurance.com **Employee Assistance Program (EAP)**

dental plan)

Benefit/Enrollment Questions

www.nfpsebenefits.net/pauldingcounty

678-535-6351

www.nfp.com

Medical Benefits

1-855-736-9527

www.aetna.com

Dental Benefits

www.aetna.com

Vision Benefits

1-877-973-3238

www.aetna.com

1-800-232-0113

1-800-232-0113

1-800-232-0113

www.anthem.com

Flexible Spending Accounts

www.anthem.com

Long Term Disability

www.anthem.com

Short Term Disability

Life and A&D Benefits

1-312-595-4000 www.compsych.com Payroll deductions displayed are bi-weekly. Aetna HRA Option 2 Aetna HRA Option 1 **Aetna Vision**

in Aetna dental plan)

\$2.31 \$11.00 \$55.00 \$2.87 **Employee** \$6.84 Employee + Family \$66.37 \$93.87 \$165.37